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PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-29655
First Inventor	Jeffrey W. Marsh et al.
Title	Compliant Wirebond Pedestal
Express Mail Label No.	EL547740445US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/>	Specification <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
5. <input type="checkbox"/>	Oath or Declaration	c. <input type="checkbox"/> Statements verifying identity of above copies
a. <input checked="" type="checkbox"/>	Newly Executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input checked="" type="checkbox"/> Power of Attorney
i. <input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	13. <input checked="" type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
Prior application information: _____	Examiner _____	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby Incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23494 (Insert Customer No. or Attach bar code label here)	
		or <input type="checkbox"/> Correspondence address below
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Name (Print/Type)	Charles A. Brill	Registration No. (Attorney/Agent)	37,786
Signature	<i>Charles A. Brill</i>	Date	12/27/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete If Known

Application Number	TBD
Filing Date	TBD
First Named Inventor	Jeffrey W. Marsh et al.
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-29655

TOTAL AMOUNT OF PAYMENT

(\$710.00)

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number **20-0668**Deposit Account Name **Texas Instruments Incorporated**

- Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:

 Check Money Order Other
FEE CALCULATION**1. BASIC FILING FEE**

Larg e Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	395	Utility filing fee	\$710
106	330	206	165	Design filing fee	\$
107	540	207	270	Plant filing fee	\$
108	790	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$710)

2. EXTRA CLAIM FEES

Total Claims	17	-20** =	0	x	18	=	0	Fee from below	Fee Paid
Independent Claims	3	-3** =	0	x	80	=	0		
Multiple Dependent									

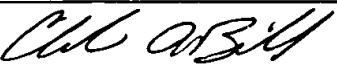
**or number previously paid, if greater; For Reissue, see below

Larg e Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	11	Claims in excess of 20
102	80	202	41	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$0)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **0**

Complete (if applicable)

SUBMITTED BY				Reg. Number	37,786
Typed or Printed Name	Charles A. Brill			Deposit Account User ID	
Signature		Date	12/07/2000		